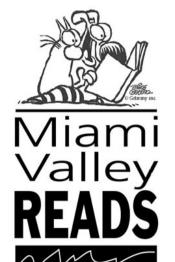
## Yes, I want to help!

I want to help the children in the Miami Valley Succeed. Sign me up to be part of the WPAFB Miami Valley Reads effort!

Name/Rank				
Organization				
Home Address				
City	State	Zip Code		
Phone		Fax		
E-mail				
What is the best way	to contact you? (Circle)	Phone	Fax	Email
	with another co-worker you partnering with?	to tutor one st	rudent? (Circle) Ye	s No
Would you like to vol	unteer near your work o		(Circle) Work ive location/school in s	
Do you have a p	particular school you would	like to volunteer	with? (Circle) Yes	No
I want to volunt	eer at	listed we will ma	atch you with the clos	sest school )
Is there a day of the <b>v</b>	week (Mon-Fri) when yo	•	,	,
•	est for you to volunteer?			
	OVAL: Your supervisor r program with your supervis			
Supervisor's Name (Print)		Signature		Date



For more information on the Miami Valley Reads effort, please call the WPAFB Educational Outreach Office at (937) 904-8622 or Betty Siferd at 904-8628.

**Send completed forms to:** WPAFB Educational Outreach Office Det 1, AFRL/WSC 2130 Eighth Street, Room 45, Bldg 45 Wright-Patterson AFB, OH 45433-7542

**FAX:** (937) 904-8033